

CLAIMS ONLY						Application Number <u>109/963790</u>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5	1						55					
6							56		1			
7							57					
8							58					
9	1						59					
10							60					
11							61					
12	1						62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34	1						84					
35							85					
36							86					
37	1						87					
38							88					
39			5				89					
40							90					
41							91					
42							92					
43		2					93					
44		2					94					
45							95					
46	1						96					
47							97					
48	1						98					
49							99					
50							100					
Total Indep							Total Indep	11				
Total Depend							Total Depend	14				
Total Claims							Total Claims	25				